

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44621**
6046BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (If in place) 16 days		c. CITY OR TOWN Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION Orthopedic Hospital Harrison			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) M c. (Last) STURGIS			4. DATE OF DEATH (Month) (Day) (Year) Dec 18 - 1957		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH MAY 9 - 1895	
				9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
				11. BIRTHPLACE (City and State or Foreign Country) Jacksonville Ill	
				12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Elisha C. Mathews		13b. MOTHER'S MAIDEN NAME Gates Strawn		14. NAME OF HUSBAND OR WIFE Littleton J. Sturgis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Littleton J. Sturgis of the Home	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation DUE TO (c) Thyrotoxicosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH Condition existed when first examined 2520
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-12 , 1957, to 12-18 , 1957, that I last saw the deceased alive on 12-18 , 1957, and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Pat L. Morrison		(Degree or title) D.O.		23b. ADDRESS 2014 Swift North KC, Mo	
23c. DATE SIGNED 12-19-57		24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-20-57	
		24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.		24d. LOCATION (City, town, or county) (State) Liberty Mo	
DATE REC'D BY LOCAL REG. 12-20-57		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE DW. Newcomer	
				ADDRESS KCP. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Pat L. Morrison



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John W. Kelsch

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.